EXHIBIT C

Coss OC 10705 lbs - Clair	n 297-	1 Filed 10/04/06	Page 1 of	9
통합성(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	PROOF OF CLAIM			
Name of Debtor	Case Nu	mber		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address MICHAEL DONAHUE 1795 NEWHALL AVE CAMBRIA CA 93428-5507	6	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	SECURED INTER ONE OF THE DE	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the
		envelope sent to you by the court		or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies of	debtor	F-7	<u> </u>	E IS FOR COURT USE ONLY
		Check here repla of this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death		penefits as defined in 11 U S	- , -	Unremitted principal
Services performed Taxes		salaries and compensation (digits of your SS #	fill out below)	Other claims against services (not for loan balances)
Money loaned	Unpaid o	compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE (
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	be your claim and state the amo	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim our claim is	Check this box if y a right of setoff)	our claim is sécu	red by collateral (including
entitled to priority		Bnef description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is		Real Estate	^~	Other
entitled to priority Amount entitled to priority \$		Value of Collateral Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim	-	secured claim, if any	\$ LATREST	0 F # 2500 MONTH
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days	L	Up to \$2 225* of deposits tow services for personal family		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	F	Taxes or penalties owed to go Other - Specify applicable par		* '
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L	*Amounts are subject to adju with respect to cases comme	stment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ INTERST 2500 marry	250,	000 \$		\$
(unsecured) (unsec	•	secured) amount of the claim Attach ite	(pnonty) emized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	dited and d	leducted for the purpose of r	naking this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the	agreement	s, and evidence of perfection	roflien DONO	roices, itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	l envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	ı, prevailir	ig Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	•	OR OVERNIGHT DELIVERY TO		
BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC Gro			
P O Box 911 El Segundo, CA 90245-0911	1330 Eas	t Franklin Avenue do CA 90245		
DATE SIGN and printing name and trie, if any, of the	e creditor o	r other person authorized to file	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9/24/06 the Chart (atthch copy of power of althor	iney irany)	I . Circle A. American	nahue	

UNITED STATES BANKRUPTCY COURT	DD.	\\r\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Г	
DISTRICT OF NEVADA	PROOF OF CLAIM			
Name of Debtor	Case Number			
USA COMMERCIAL MORTGAGE COMPANY	06-	10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers		Поли		
This form should not be used to make a claim for an administrative expensing after the commencement of the case. A request for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address Floaner L. Rogers 1991 Revocable	Trust	statement giving particulars		
dated 13:	91	Check box if you have never received any notices		
6/0 Eleanor L. Kogers, TTEE		from the bankruptcy court or BMC Group in this case		PROOF OF CLAIM FOR A ST IN A BORROWER THAT IS NOT
78 Seal ROCK DRIVE		Check box if this address	ONE OF THE DEBT	
Name of Creditor and Address Eleanor L. Rogers 1991 Revocable dated 73: Clo Eleanor L. Rogers, TTEE 78 Seal Rock Drive San Francisco, CA 94121		differs from the address on the envelope sent to you by the	Bankruptcy Court o	dy filed a proof of claim with the r BMC you do not need to file again
Creditor Telephone Number (#/5 564, / 93Z— Last four digits of account or other number by which creditor identifies d	tobtos	court		IS FOR COURT USE ONLY
	HOUGE	Check here replace or if this claim amen	a previously f	iled claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
		digits of your SS # compensation for services pe	rformed from	
Money loaned Other (describe briefly)	Onpaid C	ompensation for services po	normed nom	(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri		unt of the claim at the	time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our aloim io acaima	d by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo entitled to pnority		a right of setoff) Brief description of		d by conaterar (madding
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$				L
Specify the priority of the claim		secured claim if any	\$ 4,359.7	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г	Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4)	Ē	Other Specify applicable par		- · · · · ·
Contributions to an employee benefit plan 11 USC § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ 304, 359. 78 \$	304,	359.18 \$		\$ 304,359.78
AT TIME CASE FILED (unsecured)	(secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement of	all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts contracts court judgments mortgages security a				
DOCUMENTS If the documents are not available explain. If the d	documents	are voluminous attach a su	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				•
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships of	prevaili	ng Pacific time on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC G oup	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	Alth USA	ACM Claims Docketing Cente	יי בוו דר	JAN 1 2 2007
P O Box 911 El Segundo CA 90245 0911		st Franklin Avenue ido CA 90245	1 1	, O1114 - 10 - 10 - 1
DATE SIGN and print the name and trile if any of the true daint (attach copy of power of attern		r other person authorized to file		
SANUARY 11,2007 Eleanor .	000	W. TIEE		USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	rit or up to	5 years or both 18 U.S.C. \$6	152 AND 3571	1072502223

	PROOF OF CLAIM				AM IS SCHEDULED AS	
Name of Debtor	Case Nu	mber		Schedule/Claim IC		
USA Commercial Mortgage Company	06-107	25-LBR		Amount/Classifica \$2 329 94 Unsecu		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address	of an 00535	Check box if you are aware that anyone else hilled a proof of claim relat to your claim. Attach cop statement giving particula. Check box if you have never received any notice from the bankruptcy court BMC Group in this case. Check box if this add differs from the address cenvelope sent to you by it court.	as ing y of irs re es t or iress on the	scheduled by the D you agree with the other claim against this proof of claim I If the amounts sh Unitquidated or D filed If you have alre Bankruptcy Court	cted above constitute your claim as lebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below cown above are listed as Contingent, isputed, a proof of claim must be sady filed a proof of claim with the or BMC you do not need to file again at 18 FOR COURT USE ONLY	
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies 2.95	debtor	Check here	repla or amer	, a previously	filed claim dated	
1 BASIS FOR CLAIM	Retires h	penefits as defined in 1			Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	Wages : Last four	salaries and compension digits of your SS #	ation -	(fill out below)	Other claims against servicer (not for loan balances)	
Money loaned Other (describe bnefly)	Unpaid c	ompensation for service	es pe	morr permone	to (date) (date)	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, D.				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	our dalm	SECURED CLAI Check this be a right of sete Brief descrip Real Este Value of Coll	M ox if y off) tion o ate [ateral rage a any	f collateral Motor Vehicle \$	Other at time case filed included in or rental of property or	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Taxes or penalties ower Other Specify applicat	d to go ole par	overnmental units 1 ragraph of 11 U S C	1 U S C § 507(a)(8)	
5 TOTAL AMOUNT OF CLAIM \$ \$ (unsecured) \$ Check this box if claim includes interest or other charges in addition to the charges in the charges in addition to the charges in addition to the charges in the	•	with respect to cases of course) \$s	omvner	(pnonty)	\$ 450,000, 00 (Total)	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self addressed envelope and copy of this proof of claim.						
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals, partnerships,	n, prevalli	ng Pacific time, on No	ovem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY	
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DATE SIGN and print the name and title if any of the print the name and title if any of the print of the prin	ne creditor or ney if any)		o file	771	USA CMC	

PRO	OOF OF CLAIM	
Name of Debtor (Server)	umber	
Name of Debtor (Server) 15T Case No Commercial TRUST Deeds Case No USA Mortgage TRUST Deeds		
NOTE See Reverse for List of Debtors and Case Numbers	l-,	
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request' for payment of an	Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address	statement giving particulars	
11321241000554	Check box if you have	
THE EVO E ZEPPONI AND BILLIE D ZEPPONI	never received any notices	
FAMILY TRUST UNDER AGREEMENT DATED 2/9/1993 C/O EVO ZEPPONI AND BILLIE ZEPPONI TRUSTEES	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
14385 W MORNING STAR TRL	Check box if this address	ONE OF THE DEBTORS
SURPRISE AZ 85374-3816	differs from the address on the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number 457 456 -1506 623 -546-7876	envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check have replace	
	Check here replace of fithis claim amen	a previously filed claim dated
	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
[[Camerica nautomonal [Tanan	salaries and compensation (
Last 100		700
Money loaned Unpaid InTerest From 3-1-06 To 4-12-06	compensation for services per	formed from $3-1-06$ to $4-12-06$ (date)
2 DATE DEBT WAS INCURRED 3 IF C	OURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	ribe your claim and state the amoi	unt of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim.	Check this box if yo	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is	a right of setoff)	
entitled to priority UNSECURED PRIORITY CLAIM	Bnef description of	
Check this box if you have an unsecured claim all or part of which is	X Real Estate	Motor Vehicle U Other
entitled to priority	Value of Collateral	\$
Amount entitled to priority \$	Amount of arrearage ar secured claim, if any	nd other charges at time case filed included in
Specify the priority of the claim Tomosthe granted abhoratory under 44 H.S.C. \$ 507(a)(4)(A) or (a)(4)(B)		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days		rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's		vernmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable part	agraph of 11 USC § 507(a) ()
Contributions to an employee benefit plan. The S.C. § 307(a)(3)	* Amounts are subject to adjust with respect to cases commen	atment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 3 /	9166\$	\$
AT TIME CASE FILED (unsecured)	secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach iter	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , single running accounts contracts court judgments, mortgages security agreement DOCUMENTS If the documents are not available explain. If the documents	ts and evidence of perfection	of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim		
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES N	OT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporation).	ng Pacific time, on Novembe	er 13, 2006 USE ONLY
governmental units)	•	eller act a 5 9886
BMC Group BMC Gro	OR OVERNIGHT DELIVERY TO Dup	FILLD GOT 0 0 2000
Attn USACM Claims Docketing Center Attn US.	AČM Claims Docketing Center	r
	st Franklin Avenue ndo CA 90245	j
DATE SIGN and print the name and title if any of the creditor of	or other person authorized to file	LICA EIDOT TOUCT
10 - 2 - 06 EVO E Zenna (attach copy of power of attorney if any)	~ ~ ~ 1 ~ .	usa first trust
10-2-06 EVO E ZEPPONI 8	VE & SAME	1072800060

The state of the s	r		<u> </u>	
DISTRICTION OF THE PROPERTY OF	PRO	PROOF OF CLAIM		
Name of Debtor	Case Nu	Case Number		
USA Commercial Mortgage Company	06-10725 (LBR)			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp anising after the commencement of the case A 'request" for payment of the case A 'request' for payment of the case A 'req		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Fertitta Enterprises, Inc Attn William J Bullard 2960 W Sahara Avenue, Suite 200		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NO	
Las Vegas, NV 89102		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court of BMC you do not need to file again	
Creditor Telephone Number (702 221–4715 Last four digits of account or other number by which creditor identifies a	dobtor		THIS SPACE	E IS FOR COURT USE ONLY
Client ID# 3970	debtoi	Check here repla of this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Taxes		salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	(date) to
2 DATE DEBT WAS INCURRED Various		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at th	ie time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 12,214,670		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your	your claim our claim is	a right of setoff)		ed by collateral (including
entitled to priority See attached "Reasons" UNSECURED PRIORITY CLAIM		Brief description of		TT out
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	Motor Vehicle \$	Other
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any	nd other charges \$	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow services for personal family		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	, E	Taxes or penalties owed to go Other Specify applicable par	overnmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	· L	* Amounts are subject to adju- with respect to cases comme.	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 12,214,670 \$		\$		\$ 12,214,670
AT TIME CASE FILED (unsecured)	•	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security	<i>uments</i> , si	uch as promissory notes pur	chase orders inv	pices itemized statements of
DOCUMENTS If the documents are not available explain If the	documents	are voluminous, attach a su	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailii	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO	FIII	ED JAN 12 2007
Attn USACM Claims Docketing Center	Attn USA	ACM Claims Docketing Center	er '	1184 0440
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue do CA 90245		USA CMC
DATE SIGN and print the name and title if any of the	he creditor o			1072502181
1-10-07 his clare (attach copy of power of attor	mey if any) ECRETAL	LY FERTIETA EURS	ERISES /NC	

C 0C 4070F II Ol-i	PHO	of of CLAIM			
			YOUR CLA	VIM IS SCHEDULED AS:	
Name of Debtor:	Case Nu	mber:	Schedule/Claim ID	s31478	
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classifica		
	1		\$10,033.44 Unsec	W100	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative experior arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim releting to your claim. Attach copy of	The amounts reflected above constitute your claim as		
Name of Craditor and Address: FOXCROFT LIVING TRUST DATED 1/10/02 C/O FRED J FOXCROFT & ROBERTA FOXCROFT TRUSTEES PO BOX 362 CARNELIAN BAY, CA 96140-0362	000857	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address of the address on the	you agree with the other claim against this proof of claim & if the amounts sh Unliquidated or Di flied.	ebtor or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below. own above are listed as Contingent, isputed, a proof of claim must be easy filed a proof of claim with the set FIEC you do not need to file again.	
Creditor Telephone Number () 5 30 - 583 - 28.	? A	envelope sent to you by the court.	Bankruptcy Court or BMC, you do not need to file ag THIS SPACE IS FOR COURT USE ON		
Last four digits of account or other number by which craditor identifies		Chack hara Trepla	<u> </u>		
ACCT: 10 3398 CKIENT 10 4	015	Check here if this claim	a previously	filed claim dated: 2/39/06	
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	,	salaries, and compensation	(fill out below)	Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly)		digits of your SS #: compensation for services pe	erformed from:	to	
				(date) (date)	
2. DATE DEBT WAS INCURRED: 4/13/06		OURT JUDGMENT, DATE (time ones flied	
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations. 	Dest Deschi		nio ine ciain al ur	i inte case med.	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this boy if y	our claim is secu	red by collateral (including	
Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you	our claim Ir claim is	Check this box if y a right of setoff).	our oldini ib oodu	(act b) consider (action)	
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of			
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Real Estate Value of Collateral	」 Motor Vehicle	5,677.07	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in	
Specify the priority of the claim:		secured claim, if any:	<u> </u>		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 190 days		Up to \$2,225" of deposits towe services for personal, family, of	ard purchase, lease, or household use -11	or rental of property or U.S.C. § 507(a)(7).	
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go Other - Specify applicable pan			
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<u>L.</u> .	* Amounts are subject to adjust			
TOTAL MANIATOE OF ANA A		with respect to cases commen		lete of adjustment.	
AT TIME CASE FILED:		*,7 <i>78,99</i> \$	/ ndo-b-b	\$ 533,728 - 99	
(unsecured) Check this box if claim includes interest or other charges in addition to the		secured)	(priority) smized statement o	(Total)	
				····	
 CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this 					
proof of claim. The original of this completed proof of claim form must be set	nt by mail	or hand delivered (FAXES	NOT I	THIS SPACE FOR COURT	
ACCEPTED).		, , , , , , , , , , , , , , , , , , ,		USE ONLY	
BY MAIL TO:		OR OVERNIGHT DELIVERY TO);		
BMC Group Attn: USACM Claims Docketing Center	BMC Gro Attn: USA	up ACM Claims Docketing Cent	Br		
P. O. Box 911 El Segundo, CA 90245-0911	1330 Eas	t Franklin Avenue do, CA 90245			
DATE SIGN and print the name and title, if any, of the	e creditor or	other person authorized to file			
5 30 0 7 this claim (attach copy to power of attom	ney, if arry)	TO ACTE			

UNITED STATES BANKRUPTCY COURT, IN INDISTRICT OF NEVADA	PRC	OF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Nu	Case Number		D s31484
USA Commercial Mortgage Company	06-107	'25-LBR	Amount/Classifica	
			\$12 951 80 Unse	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex ansing after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		OCT 3 0 2006
Name of Creditor and Address		statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed.	
		envelope sent to you by the court	1	or BMC you do not need to file again
Creditor Telephone Number (77) 429 - 3344 Last four digits of account or other number by which creditor identifies	debtor			E IS FOR COURT USE ONLY
33/2	000101	Check here repla of this claim amer	r a previously	/ filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	*	salaries and compensation digits of your SS #	(fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
2004 10 2005	la 15 0	OURT BIRCHEUT DATE	DEALNED	(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE On the court claim and state the amount of the court claim and state the amount of the court of the co		e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or tien securing your claim or b) is exceeds the value of the property securing it or if c) none or only part of you entitled to priority	your claim ur claim is	7		ired by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ 45	1,000
Amount entitled to priority \$		Amount of arrearage a secured claim if any	nd other charges \$ + ACCAU	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2 225* of deposits toward		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family of Taxes or penalties owed to go	r household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part		
		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	450,0	W + /NT \$		\$ 450, 141 + /1,5
(unsecured)	,	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement of	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts, court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	<u>uments.</u> su agreemen	ich as promissory notes pur ts and evidence of perfei tio	chase orders in in of lien DO No	voices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailii	ng Pacific time, on Novemi	ber 13, 2006 -	THIS SPACE FOR COURT
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center #	BMC Gro			
Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245 0911	1330 Eas El Segun	CM Claims Docketing Center t Franklin Avenue do CA 90245	al	USA CMC
DATE SIGN and print the name and title if any of the this claim (attach copy of power or attorn	e creditor or ney if any)	other person authorized to file		1072500801

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPTCY COURT	D	STRIC	ı Ol	Neva	da	PROOF OF CLAIM
Name of Dubtor	JSA Commercial Mortgage Company	Cas	e Numb	er O	6-1072	PROOF OF CLAIN	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the circ. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503							
Name and address Enc B Freedus 5008 Nighthawl Oceanside CA Telephone number	k Way 92056	ell you go go ca	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court. Check here replaces				IY 5 : This Space is for Court Use Ordy
1 Basis for Cl	oim	111	this clai				filed claim dated
Goods : Service ✓ Money Persona	sold s performed		Ь	Wa Las Un	ges salar it four dip paid com	ries and comper gits of your SS # pensation for se	nsation (fill out below)
2 Date debt w	as incurred June 2005	3	If c	ourt	Judgme	nt, date obtain	ed
See reverse side Unsecured Nonp Check this bib) your claim exceonly part of your claim exceonly part of your curved Priori Check this beentitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing obusiness whichever	priority \$	our claim of none or f which is	An secor secor secor secor secor taxes Other	B V noun sured 7(a)(r ~ Sp r ~ Sp s are	heck this of setoff) rief Desc Real E alue of C t of arreat claim if 225* of d s for pers 7) penalties pecify app subject to	box if your claim ription of Collateral \$_U rage and other chany \$_4.419 deposits toward placed to government on adjustment on adjustment on a collateral series of a c	eral or Vehicle Other
5 Total Amou	nt of Claim at Time Case Filed		\$ 304	.419		04.419 (secured)	(priority) (Total)
interest or aggi	if claim includes interest or other charges in a tional charges	ddition to	he prin	cıpal	amount	of the claim Att	tach itemized statement of all
7 Supporting Doorders invoices agreements and documents are no Bate-Stamped	ocuments Attach copies of supporting documents attach copies of running accounts continuities attached to fund the supporting documents are volont available explain. If the documents are volone and copy of this proof of claim. Sign and print the name and title if any, of file this claim (attach copy of power of at	uments, such tracts cour END ORIG luminous, a filing of you	n as pro t judgm INAL I attach a our class	omiss nents DOC sum m, en	ory notes , mortgag UMENT mary iclose a si	s, purchase ges, security FI S If the tamped self-	THIS SINCE IS TON COURT US ONLY ED JAN 17 2007
., 10,0.	Eric B Freedus	3 /r	eed	u	A		USA CMC

PORM B10 (Official Fo	rm 10) (10/05)		,	,
United States Ba	NKRUPTCY COURT DISTRICT OF NEV	ADA ((LAS VEGAS)	PROOF OF CLAIM
Name of Debtor USA Commercia	ame of Debtor USA Commercial Mortgage Company 06-10			
NOTE: This form shoul of the case. A "request"				
debtor owes money or p	person or other entity to whom the roperty): dated October 8, 1999	el ye	heck box if you are aware that anyone se has filed a proof of claim relating to our claim. Attach copy of statement iving particulars.	
	e notices should be sent:	□ c	heck box if you have never received any otices from the bankruptcy court in this	
Hale Lane Peek Dennise 3930 Howard Hughes P Las Vegas, Nevada 891	n and Howard arkway, 4th Floor 59	□ C	neck box if the address differs from the dress on the envelope sent to you by the court.	FILED NOV 1 0 2006
Last four digits of account identifies debtor: Ac	1-222-2500 int or other number by which creditor count ID 508//3420		k here replaces s claim a pro	THIS SPACE IS FOR COURT USE ONLY.
1. Basis for Claim Goods sold Services perform Money loaned Personal injury/	1114(a) It below) ned			
2. Date debt was incu	(date) (date) f court judgment, date obtained:			
See reverse side for Unsecured Nonpriority a) Check this box if: a) t b) Your claim exceeds the only part of your claim i Unsecured Priority Cla	tim ou have an unsecured claim, all or part of whi ity	m, or one or	Secured Claim Check this box if your claim is see a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicl Value of Collateral: \$ Amount of arrearage and other charges secured claim, if any: \$ Up to \$2,225* of deposits toward p	e Other S at time case filed included in Durchase, lease, or rental of property
(a)(1)(B) Wages, salaries, or days before filing of the	obligations under 11 U.S.C. § 507(a)(1)(A) or commissions (up to \$10,000),* earned within bankruptcy petition or cessation of the debtor arlier — 11 U.S.C. § 507(a)(4).	180	or services for personal, family, or § 507(a)(7). Taxes or penalties owed to governi *Amounts are subject to adjustment of with respect to cases commenced on o	mental units - 11 U.S.C. § 507(a)(8). 64/1/07 and every 3 years thereafter
☐ Contributions to an	employee benefit plan — 11 U.S.C. § 507(a)	(5).	· •	,
5. Total Amount of ChCheck this box if clair interest or additional	m includes interest or other charges in addition	n to the	\$ 12.951.80 (unsecured) (secured) principal amount of the claim. Attach it	(priority) S 12,951.80 (Total) (Total)
making this proof of Supporting Docume orders, invoices, item agreements, and evid documents are not av Bute-Stamped Copy	nt of all payments on this claim has been credical claim. ents: Attach copies of supporting documents, nized statements of running accounts, contract lence of perfection of hen. DO NOT SEND (vailable, explain. If the documents are volumers. To receive an acknowledgement of the filling of this proof of claim.	such a ts, cour ORIGIN inous, a	s promissory notes, purchase t judgments, mortgages, security JAL DOCUMENTS. If the ttach a summary.	THIS SPACE IS FOR COURT USE ONLY
Date Date	Sign and print the name and title, if any, of file this claim (attach copy of power of atto			MIV 1 0 2006
November 9, 2006	USA CMC			

FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (The person or other entity to whom the debtor owes money or property): FIRST SAVINGS BANK CUSTODIAN FOR BEORE W. HUBBARD Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ROTH IRA ☐ Check box if you have never received any Name and address where notices should be sent: notices from the bankruptcy court in this ROBERT C. LEPOME 10/20 S. EASTERN # Check box if the address differs from the HENDERSON, NY 89052 Telephone miniber (702) 492-1271 address on the envelope sent to you by THIS SPACE IS FOR COURT US the court Last four digits of account or other number by which creditor Check here replaces if this claim amends a previously filed claim, dated; identifies debtor: Retiree benefits as defined in 11 U.S.C. § 1114(a) Basis for Claim GENERAL UNSECURED Wages, salaries, and compensation (fill out below) Goods sold Chaim - CLASS 4 Last four digits of your SS #: Services performed Unpaid compensation for services performed П Money loaned Personal injury/wrongful death Taxes (date) (date) NEGLICENCE & FRAUD Date debt was incurred: JAN 1,2005 If court judgment, date obtained: 70 APRIL 12, 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim 5 156, 125 Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or a right of setoff). b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief Description of Collateral: Other. Unsecured Priority Claim Value of Collateral: \$_ Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included in secured claim, if any: \$_ Amount entitled to priority \$ Up to \$2,225* of deposits toward purchase, lease, or rental of property Specify the priority of the claim: or services for personal, family, or household use - 11 U.S.C. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). (a)(1)(B)☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Other - Specify applicable paragraph of 11 U.S.C. \$ 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). s 156,125 Total Amount of Claim at Time Case Filed: (turecouncil) (secured) (priority) (Total) ☐ Check this box If claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the FILED JAN 0 8 2007 documents are not available, explain. If the documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Sign and print the name and title, if any of the creditor or other person authorized to file this claim dittach copy of power of attorney, if any):

ROAH 1980 Date 090 BAR# 1980 LEPONE ATTY FOR GLAIMANT

Penulty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

USA CMC 1072501862